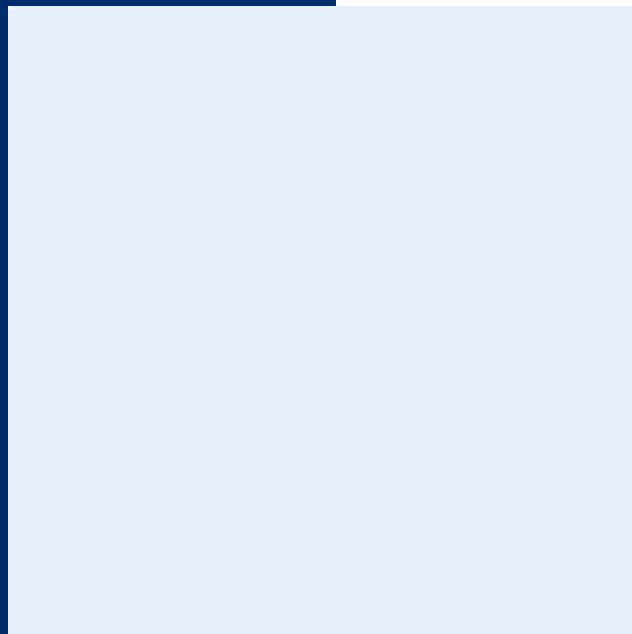


# Southampton City Council

## Right Support Right Time

### Children's Social Care Transfer Procedure



# Southampton City Council Children & Learning Children’s Social Care Transfer Procedure

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Children’s Social Care Transfer Procedure			
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## Purpose

1. The purpose of this procedure is to ensure that when it is necessary to transfer case responsibility for a child / young person between services within Children's Social Care, this is achieved in a timely and effective manner.
2. The Transfer Procedure sets out the agreed process and points of transfer for children, young people and their families that require a children's social care intervention.
3. The principles and expectations outlined below should be applied with discretion to promote the delivery of high-quality services for children, young people, and their families. This will involve Practice Managers, and the teams they manage, exercising professional judgement, promoting, and maintaining effective cooperation and communication.

## Scope

### Principles

The following principles should apply whenever decisions are being made about transfer and allocation of cases:

1. Our 'right support, right time' principle also mean we should aim for 'right support first time' wherever we can. This means that wherever possible and considering what we already know about a child, young person or family, children should be allocated to the team or service most likely to provide the most appropriate service from the outset.
2. Blocks and delays in children and young people being transferred to the right service to meet their needs prevent them from receiving the best possible help. This can also lead to additional workload challenges and tensions between teams. At all times Heads of Service and Service Leads will model good, child-focused decision making, focusing on the child's needs and the 'greater good'.
3. All children should be allocated to a named worker (not a manager) at all times. Managers must maintain oversight of this within their service.
4. If an allocated worker takes unexpected leave of absence their line manager will review what needs to happen with the children on their caseload. They will ensure appropriate communication and interventions are covered, and where needed an alternative named worker will be established.
5. Children and families should experience the fewest number of transfers between services and workers as possible.
6. Decisions about which team should provide a service, and when, should balance the principles of fewest transfers/promotion of strong enduring relationships with families with the need to ensure the team with the most appropriate knowledge, skills and information is supporting the child and their family.

7. Allocation of cases to individual Social Workers should balance the needs of, and any existing relationship with, the child, young person, and family with the level of knowledge, expertise and experience of the practitioner and their current workload.
8. If there is a need for a conversation / negotiation to ensure a child and young person receives support from the right service, these conversations and negotiations must take place quickly, Ideally on the same day.
9. The primary consideration in all referral and transfer discussions must be the needs and best interests of the child, young person, and their family. The number of transitions, between teams and services, should be kept to a minimum and wherever possible, families should not be split across service areas.
10. Regarding sibling group, the primary need of the family should determine the lead allocation with the service and that service should contribute to plans of other teams in situations where allocation of the whole family to one service is not appropriate.
11. Completion of the tasks should not in itself be a barrier to case transfer and the manager of the receiving team should accept children at the earliest opportunity. However, any pattern of teams failing to complete case transfer documentation to a good standard should be raised with the Heads of Service for Children's Social Care and Quality Assurance. An action plan will be agreed with the relevant management team(s) to improve practice.
12. Below are the expectations in terms of case recording. Not completing of one of more of these records should not delay case transfer, however in line with the overall transfer procedure there should be escalation and manager oversight to ensure the correct information is shared.

### **Principles of co-working**

#### **Co working and siblings.**

1. Across children's social care services there are a number of situations where co working arrangements are necessary. These include social work teams working alongside other teams /services such as; (please note this is not an exhaustive list) –
  - Young people's substance misuse services
  - Fostering service
  - Adoption service
  - Family partnership service
  - Working alongside building resilience service
  - Working alongside the youth justice service
  - Working alongside the intervention and complex assessment services
  - To provide comprehensive support and interventions to meet the child's, young person or families assessed needs and risks.

#### **Team around the professional**

1. Co-working can have different models, for some children, young people and families having too many professionals involved in their lives can be confusing and overwhelming. In these situations the team around the professional model can be effective. This involves a small

professional network usually no more than two professional establishing positive relationships with the child, young person or family and delivering most of the support and interventions. This small professional network will receive support, coaching and mentoring from a wider professional network sharing and transferring their expertise using the team around the professional model. The team around the professional model should be underpinned by a co-work agreement which clearly sets out the roles and responsibilities of each professional involved.

### Co-Work agreements

1. Written and recorded co-work agreements are an essential document to support the effectiveness and efficiency of work with children, young people, and families. Co work agreements are required for co working across teams and services. They are not required for co-working within teams. Co-work agreements should be established at a planning meeting at the start of any co-work arrangement and should include management oversight from the managers of the services involved. Co-work agreements should be formally reviewed by the professional network at least every 3 months and discussed in supervision at every session. A co-work should be recorded in the management oversight section on Care Director, it is the responsibility of the Manager of the primary social work team involved to ensure a co-work agreement is established, reviewed every three months and the co-work agreements are recorded the child / young person's records on Care Director. Co-work agreements should follow the principles of SMART planning. The content of a co work agreement should set out;
  - the roles and responsibility of each team or service
  - visiting / intervention patterns of each team or service
  - desired outcomes of the work of each team or service
  - information sharing and communication arrangements
  - review arrangements
  - which service will provide critical incident responses

### Work with Siblings

1. When referrals are received for sibling groups. It is important that needs of each child, young person is understood as this is essential in determining how best to respond to the needs and risks within the family. The fundamental principal in these situations is, we should try where ever possible to not to split siblings across social work teams. As this can create confusion for families and reduce the effectiveness of social work interventions.
2. When referrals for siblings are received, it is important to quickly establish the primary needs and risks. Once the primary needs and risks have been identified, the Children Resource Service or Brief Intervention Teams should identify which team within the service are best placed to respond to the primary need and risk. In many cases this will need a discussion with Service Leads to confirm the initial hypothesis and gain a consensus. If these discussions are required, it is essential they take place quickly and Service Leads make themselves available within a timeframe which determined by need and risk. This is essential to ensure there is no delay and Children Resource Service timescales are adhered to. In determining responsible service it is important to consider the following underpinning principles;
  - If there are indications that Public Law Outline work may be necessary social work with family's team should be the lead service /team.

- Where contextual safeguarding needs and risks are identified young person's service should be involved. Usually this will be as the lead service / team. However where there are siblings a discussion is needed to establish the role of the young people's service, consideration will be given to needs and risks of the siblings. For example if the needs and risks are similar to the young person with contextual safeguarding needs, the young person's service will work with the whole family and be the lead team / service. However if the siblings have very different needs and risks and / or the siblings are much younger. The young people's service will be part of the team around the family and their involvement, roles and responsibilities will be set out in a co-work agreement.
- There will be other situations and circumstances where the most effective way of responding the diverse range of needs and risks within a sibling group will require interventions from two teams across early help and children's social care. Decisions regarding this should be made following discussion with the relevant Service Leads and the co work arrangements will be described in a co work agreement.

### **Transfer Standards**

1. There is the principle of 'good order' in respect of case files. This relates to the electronic record. To enable the effective transfer of a case, the allocated Social Worker and their Practice Manager must ensure that the following actions have been undertaken:

- All files must be up-to date at the point of transfer and have been checked and authorised by the Practice Manager / Service Lead.
- A transfer summary will be produced for any case transferring within and between teams, (except for Children Resource Service). The transfer summary will include a summary of the work undertaken, identify all dates for meetings and deadlines over the following eight weeks and clearly state the date of the last assessment and any outcomes identified.
- Personal information must have all sections completed, including ethnicity (if known), sibling details, names, addresses and telephone numbers of involved professionals, including school details.
- All case recording is up to date, including an updated chronology, genogram, contact records, court reports, and records of visits, looked after children paperwork, Statutory Review etc.
- Chronologies and genograms must be up to date as per the case recording policy, having considered previous family historical knowledge and information from checks.
- All forms must have been signed and dated by the relevant social workers and Practice Managers.
- Supervision records must be up to date.
- All current Legal Orders should be clearly identified.
- In the case of a looked after children on a Care Order (under section 31 of the Children Act 1989) a copy of the birth certificate will be retained. For children (under Section 20) the birth certificate will have been requested.
- Financial agreements should be up to date and recorded on the transfer summary.
- Cases transferring must have up to date and SMART children in need (CIN), child protection (CP) or Looked After Plans.

### **Trajectory Model**

1. When children and young people present to the Children's Resource Service, it is essential that we understand what life is like for them within their family and in the community. The Trajectory Model ensures that children and young people are supported and protected with the right interventions and the skills within the teams and the multi-agency network.
2. The Children's Resource Service will consider the information shared in the context of the known history. Further communication and information gathering may be required through the Children Resource Service and with the children and families to inform decision making around which team will best meet the needs for the children.
3. A decision will be made within 24 hours as to whether the Children Resource Service is required to gather more information. If the child / young person's needs are most appropriately met with the support from the Young Person's Service, the Children and Families First Service, the Children with Disabilities Service, the Brief Intervention Team, the Social Work with Families Teams or the Pathways Through Care Service, they will be transferred directly to the service. There will be communication with the Practice Managers when advice around the best service is required. At times there may be no further action required. This will be communicated to the referring agency unless this is a police report.
4. The Trajectory Model prevents children and families from moving between teams, unless absolutely necessary, and provides the opportunity for interventions to be planned with them from the beginning of their journey.

#### **Children Resource Service (CRS) – Transfer Process**

1. A decision will be made within 1 working day of receipt of contact as to the appropriate level of intervention or otherwise for the child/ young person. The following outcomes can be pursued:
  - No further action
  - Advice or signposting
  - Transfer to Children and Families First Team
  - Urgent transfer direct to appropriate Service
  - Re-referral back to appropriate Service
  - Progress through the MASH

#### **Multi Agency Safeguarding Hub (MASH) – Transfer Process**

1. There are two types of referrals that come into MASH, those being a:
  - 6 hours Red MASH which is progressed immediately from initial screening
  - 24 hours Amber MASH
2. Following the above, the outcomes could then be:
  - No further action
  - Advice or signposting
  - Transfer to Children and Families First Service
  - Transfer to Brief Intervention Team (BIT)
  - Transfer to the Social Work with Families Team
  - Transfer to the Children With Disabilities Team
  - Transfer to Young People Service
  - Transfer to Pathways Through Care Service
3. MASH Assistant Practice Managers ensures all strategy discussions are requested in a timely manner.

4. Liaison to be made with relevant Practice Managers from MASH to the appropriate Practice Managers if further discussions are required.
5. Requests for Section 7 reports if prior Social Care involvement within 3 months to be allocated to the originating team apart from the Brief Intervention Team. Cases held and closed by the Brief Intervention Team within 3 months will be transferred to the Social Work with Families Team.
6. Requests for Section 37 reports if prior Social Care involvement or if an open case to be allocated to the originating team apart from the Brief Intervention Team. Cases held and closed by the Brief Intervention Team within 3 months will be transferred to the Social Work with Families Team.
7. All other Section 37 reports to be allocated to the Social Work with Families Team.
8. Requests for statements or reports by other Local Authority's or Courts on children not in the area to be transferred to the Social Work with Families Team upon receipt of Court Order
9. If a pre-birth assessment is required, and the parents have had previous children removed from their care, they will be transferred to the Social Work with Families Team. If not, a pre-birth assessment will be undertaken in the Brief Intervention Team.
10. All cases transferred are overseen and managed by the Practice Managers in the receiving teams.

#### **Brief Intervention Team – Transfer Process**

1. Children and young people requiring looked after status are to be transferred to the Social Work with Families Team as soon as possible and within the 2-week standard at a maximum after the case management hearing.
2. Unborn babies whose siblings are currently subject to Care Proceedings will be allocated straight from Children Resource Service into the Social Work with Families Team to the Social Worker who is allocated to the siblings.
3. Children entering the pre proceedings stage of the Public Law Outline (PLO) process will transfer to the Social Work with Families Team after the initial PLO meeting.
4. Step down to Children and Families First Service when appropriate through Step down process taking no longer than 2 weeks to formally transfer, a clear transfer date to be agreed and overseen by the Practice Managers on a weekly basis.

#### **Children with Disabilities Team (Jigsaw Team) – Transfer Process**

1. Cases will be reviewed by the CRS and liaison will be undertaken with the Children with Disabilities Practice Manager for the appropriate level of intervention.
2. If the reason for referral is primarily safeguarding and not directly related to the child's disability, it would be transferred to the Brief Intervention Team to carry out an assessment with consultative input from Jigsaw. Children and young people presenting with social, emotional, and behavioural difficulties due to social or environmental factors i.e. the behaviour is not associated with a disability, are NOT eligible for transfer to the Jigsaw team.
3. If the reason for referral is primarily related to the child's disability and the need for multiagency health interventions/specialist services, the assessment will be carried out by Jigsaw with consultative input from Children and Families First Team.
4. Where, at point of contact with the CRS it appears that a child's complex health and/or disability needs are likely to be met through the CWD Team, a discussion will be held with the Practice Manager. If agreed the CWD Team will accept the case to begin the formal CiN assessment. At

any time within the first 10 days the child may be referred back to the Brief Intervention Team, Children and Families First Team, or another source of support if it is found that the level of need does not meet with the CWD threshold.

5. Where one of the children's social work teams identifies that a child's needs may be best met through a service from the CWD team, this will be raised with the Practice Manager/Service Lead. Dependent on the information provided and available, a number of actions may be considered – e.g.
  - providing a clear indication that CWD thresholds are not met,
  - requesting further assessment is undertaken by the team holding the case,
  - a CWD worker potentially undertaking a joint visit to assist the case holding team in their assessment.
  - provision of specialist advice regarding disability issues and support for an individual worker.

#### Short breaks:

1. For clients seeking a short break assessment, consultation should be had with the Jigsaw Duty/ Practice Manager/Service Lead to establish what Targeted Short Breaks the child, young person or parent is in receipt of/may benefit from, before agreeing to assessment. RAS tools for Assessed Short Breaks should only be completed if this has been established as a 'disability related need' as part of a section 17 assessment, where it has been assessed that the child, young person, or parent will need to remain open as CiN owing to the needs related to the child/young person's disability that are over and above what can be offered at a targeted level. Information on targeted Short Breaks can be found on the SEND Local Offer web page ([Southampton Directory | What is the SEND Local Offer?](#)) and should be offered as a graduated approach in supporting parents of children with disabilities, before Assessed Short Breaks are considered.

#### **Social Work with Families Teams – Transfer Process**

1. Transfers should take place at a transfer meeting between the Brief Intervention Team and Family Social Work Team Practice Managers prior to each team starting the intake rota. This will enable Practice Manager's to plan work accordingly and ensure attendance at meetings to enable quality transfers. Practice Managers are expected to be able to discuss and work through any differences of opinion in terms of suitability of the transfer and quality of assessment. Only in exceptional circumstances should these differences of opinion be escalated to Service Leads.
2. For work in the Brief Intervention Team which requires transfer and have Legal Proceedings initiated, have CP Plans, or ICPC's are booked, Service Leads will determine the most appropriate team for these to be allocated. The principle behind this is to strategically control the scope of work within the teams, to ensure manageable caseloads for individual workers.
3. It is acknowledged that one of the challenges for any intake rota is that the flow of work is variable and cannot be controlled. If significant variables occur, measures will be established to ensure an equitable distribution of work across the service.
4. Step down to Children and Families First Team when appropriate through step down process taking no longer than 2 weeks to formally transfer and overseen by the Practice Manager in Social Work with Families Team on a weekly basis.

#### **Pathways Through Care – Transfer Process**

1. Cases will be flagged for transfer to the Pathways Through Care Service when the 2nd Looked After Child review agrees that the likely plan for the child will be permanency outside of the home in a fostering, connected carers fostering or residential arrangement. The exception to this rule is where reunification within a 6-month period has been identified as the plan.
2. Where there are care proceedings, these will be completed by the Social Work with Families Team, however the Pathways Through Care Service will become engaged to participate in final care planning meetings prior to Court in order to influence care planning where appropriate. The child will transfer to the Pathways Through Care Service at final order, with the relevant receiving Social Worker having been already identified and therefore following the child's journey as described above. As there will be an early warning in terms of transfers to the service of these children, then a handover visit between the outgoing and incoming social workers should be arranged prior to final order.
3. In the rare situation that a child or young person has a permanence plan under Section 20 of the Children Act and this has been agreed at the second Looked After Child review, transfer will take place within 6 weeks of this decision.
4. Referrals into the Children's Resource Service for Unaccompanied Asylum Seeking Children (UASC) will be sent through to the Pathways Through Care Service for an age assessment.
5. When a UASC is transferring to Southampton via the NTS he or she will move straight to the Pathways Through Care Service to plan his or her move to the City.
6. When an UASC is presented to the CRS in an unplanned manner, the young person will be transferred to the Pathways Through Care Service for their assessment, intervention, and support.
7. Children who cease to be Looked After by becoming subjects to CIN/CP plans or 12-month supervision orders will transfer to Social Work with Families Team, with the planning for this transfer to begin at the 3 month point to be completed after 6 months of the post Looked After Child plan.
8. The Pathways Through Care Service is a through service, and therefore where a child is moving towards leaving care, a Personal Advisor will be identified by the service and dual allocated, with a view to supporting the allocated Social Worker with pathway planning. The statutory Looked After Child function will of course remain with the allocated Social Worker until the child ceases to be looked after or turns 18. At this stage the responsibility for the work with the young person will transition, however until this point the PA will have an increasing role to build relations with the young person.
9. Where a qualifying care leaver is seeking a service there will be a discussion with the Pathways Through Permanence Service and a transfer into that service who will undertake the necessary assessment activity.
10. As each child reaches 18 years of age a formal handover meeting will take place between the Social Worker and Personal Adviser, which will involve the Practice Manager. This will include those:
  - Young People aged 18-25 (who were relevant /eligible).
  - Young People aged 21+ who remain in education/training.
  - Young People aged 21-25 (who were former relevant) who re-present to the service as they want to return to education.

### **Private Fostering Team**

1. Where child protection concerns or a need for Children and Families First or Child in Need services arise, the Private Fostering will refer the matter to Children Resource Service. Any subsequent referral and assessment may lead to case allocation and at this point the case responsibility will lie with the allocated Social Work Team and the Private Fostering Team will be allocated as co-workers.

### **Case transfers to Adoption Services**

1. Cases will be transferred to the Adoption Service at the making of a placement order.
2. Prior to this the Adoption Service will be allocated for co-working at the point of the second care plan review or where the need for early permanence planning has been identified on a child coming into care.
3. Adoption Services will be responsible for making a referral to Adopt South (regional adoption agency) for family finding. Case responsibility for the child will remain the local authority.

### **SGO Transfers**

1. In situations where children in care transition to a Special Guardianship Order or Child Arrangement Order their care episode will end and the child's Social Worker may consider a transfer of case responsibility. Within the planning for this, the child's the Social Worker will consider the current levels of need and risk. This will include an analysis of whether the child or young person needs should be met by universal services, children, and families first, or statutory social work services. If it is deemed the child / young person's needs and risks require a statutory social work service. Primary consideration will be given to the existing relationships, the child / young person may have with the existing worker(s). Where strong meaningful relationships exist, these should be paramount in any consideration of a transfer of case responsibility.

It is recognised that young people living in SGO and CAO arrangement living out of area will need to be supported by services in the local area in which they live. The responsibility for any allowances will remain with Southampton City Council for 3 years.

2. Support to the child / young person's carers will also be reviewed and it is usual that there will be a transfer from the fostering service to the family partnership service. This transfer should be facilitated by the child's social worker.
3. The child's social worker should make the referral to the family partnership service, and they will set up, attend, and record a hand over meeting between the fostering service and the family partnership service.
4. The fostering service will share either before or at the handover meeting the current support plan and transfer summary, highlighting previous involvement.
5. The child's social worker will also set up, attend, and record introductory meeting between the carers and family partnership with the aim of developing a support plan for the carers.
6. Within 7 days of the handover meeting with the carers the family partnership service will develop a support plan, share this with the carers, upload to the child's / young person's records and share with child's social worker or lead professional.
7. Any transfer of case responsibly will require the child's / young person's social worker to fulfil the following tasks;

- Joint visit to be facilitated and recorded by existing social worker to introduce the young person, their carers and parents where appropriate to their newly allocated lead professional or social worker.
- Share with the newly allocated social worker / lead professional a transfer summary which includes management oversight.
- Share with the newly allocated social worker / lead professional a copy of the current plan
- Share with the newly allocated social worker / lead professional an up to date chronology
- Share with the newly allocated social worker / lead professional a genogram
- Ensuring case recording is up to date

### **Children and Families First – Transfer Process**

1. Representatives from the Children and Families First Service will have a presence in the Children's Resource Service on a daily basis to support decision making regarding Children and Families First services being an appropriate disposal from a referral to CRS.
2. When the decision is made by CRS that a Children and Families First referral is appropriate CRS will endeavour to seek consent for Children and Families First involvement.
3. If/when CRS are unable to ascertain consent that Children and Families First representatives will take pro-active measures to seek consent and liaise with professional networks to gather more information where possible and practicable.
4. In liaison with CRS, the Children and Families First Locality Leads will decide whether the case transferred requires a rapid response duty visit or a standard allocation is appropriate.
5. The Children and Families First locality lead may decide; allocation to a Children and Families First social worker, allocation to a case holding SFSW'er, transfer for group/parenting work, step down to the Private, Voluntary, and Independent (PVI) sector.
6. Social Workers in the Children and Families First Service will be available for initial home visits on Tuesdays and Thursdays enabling a visit within three working days of allocation where deemed necessary by the locality lead.
7. The Children and Families First duty rota will have staff available for rapid response visits Monday to Friday.
8. Following a case allocation to the Children and Families First Service if the family refuse to engage then, after concerted and pro-active steps have been taken to engage, liaison will take place with the CRS prior to closure to inform whether statutory intervention is required.
9. The Step Down Panel will oversee the decision to allocate resources to support cases currently held by a statutory social work team at CIN level or above, that have been assessed as suitable for stepping down to 'Children and Families First and Prevention Services'. These cases will be closed to Children Services and if appropriate will be supported by non-statutory services.
10. The Step Down Panel can discuss cases referred by Children and Families First, where a degree of complexity, limits on resources or specialism require consideration of wider service input.
11. The case holder (Social Worker or Practitioner) or their Manager will send headline information regarding children and their families in need of support, through to the Step Down Panel administration at least 48 hours before the panel meeting and it is preferable that the case holding Social Worker or Practitioner attends the meeting and the meeting will mutually determine whether the children or families in need of support can be stepped down to the service.

12. Representatives from specific services will need to determine whether children and families in need of support are appropriate and meet eligibility criteria for their respective services and will determine whether they have the capacity at that time to respond to the request of support.
13. Practitioners referring cases to the Step Panel should complete any required referral information post panel, as may be required by different agencies – this includes securing the consent of a family to refer and completing the necessary referral information within a timely way. A referral pathway may be held open for a limited time, usually no more than 20 working days, after which point, a practitioner will need to refer to panel again.
14. The meeting will review the process of referred children and families to ensure it is followed through. If this has not been actioned 20 working days after the referral was originally made, then the referral will lapse and need to be represented if appropriate. With regards to timescales for allocation from the panel, these will be completed within 1 week unless a delay was discussed at panel. Case transfers will be accepted even if allocation is delayed enabling the allocated Social Worker to close the case.
15. Once allocated a joint visit will take place between the newly allocated worker/organisational representative and the historic Social Worker where practicable within five days of allocation.
16. If the newly allocated worker or organisation are unable to engage the family with support a further joint visit will take place to further discuss the support to be offered to maximise the opportunity to engage.
17. If a child / young person and their family are transferred from the CRS to Children and Families First Service and following creative and extensive efforts to engage with them this is not successful, the Children and Families First Lead will discuss with the CRS Assistant Practice Manager if escalation to statutory intervention is required. If not, the referring agency will be informed by the Children and Families First Team for their continued monitoring and support.

### **Young People Service – Transfer Process**

Service expectations from Children's Resource Service to Young People's Service: Where assessment and / or intervention is required, the following should be included in the young person's electronic record prior to transfer:

1. Consent for the referral, assessment and / or intervention (Parental consent sufficient) unless by gaining consent a child or young person may be placed at risk of significant harm.
2. Views of young person, parents, and other family members, where sought.
3. Basic details that are up to date and complete including personal relationships and professional network, health, disability, education provider and ethnicity.
4. An outline description of the child / family need.
5. A 'started' chronology, to include past referrals to children's services and those significant events known at the point of referral (does not apply to transfers from CRS).
6. An up-to-date genogram / family and friends network map including contact details (does not apply to transfers from CRS).
7. Information from any agency that has contributed to the decision to refer.
8. A Child Exploitation Risk Assessment Framework document (CERAF) (does not apply to transfers from CRS).
9. Management oversight of rationale for transfer to Young People's Service for assessment and confirming minimum standards are met for transfer.

Service expectations from Social Care Teams to Young People's Service: Where intervention is required, the following should be included in the young person's electronic record prior to transfer:

1. Consent for intervention from Young People's Services (Parental consent sufficient)
2. Basic details that are up to date and complete including personal relationships and professional network, health, disability, education provider and ethnicity.
3. An up-to-date assessment of need including views of the young person, parents, and other family members.
4. An up-to-date plan which includes details of safety and support planning.
5. An up-to-date chronology, to include significant events for the young person and the impact of these on their lived experience.
6. An up-to-date genogram / family and friends network map including contact details.
7. Information from any agency that has contributed to the assessment, plan, and decision to transfer to Young People's Services.
8. Up to date case recording.
9. Case summary.
10. A Child Exploitation Risk Assessment Framework document (CERAF).
11. Up-to-date Supervision record including manager oversight of rationale for transfer and confirming minimum standards are met for transfer.
12. Record of Family Needs conversation with decisions, outcomes, planned actions and timeframes recorded by the practice manager, Young People's Service.
13. Letters to inform Professionals and Parents about transfer.

On completion of work by Young People's Services:

Where all work has been completed and intervention from the Young People's Service is no longer required, a meeting with the young person, the family and friends involved in their plan, and the professional network should be convened to review the progress made against the existing plan, agree next steps, and identify the receiving Lead Professional.

Procedure to be reviewed by **April 2023**

## Legislative Context and other Related Documents

This procedure is compliant with Working Together to Safeguarding Children (2018); the Children Act (1989& 2004) and associated legislation and regulations. For more detailed information please visit the [Children and Learning Policy Hub](#).

## Governance

This procedure will be reviewed b-annually by the Children and Learning Senior Leadership Team.

[END]